

## **AAPOS POLICY STATEMENT**

### **Need for Vitrectomy When Performing Pediatric Cataract Surgery**

The surgical treatment of cataract in children differs from that of adults. Unlike adults, most children under 9 years of age will develop a secondary cataract (posterior capsule opacification – ICD10-H26.40) if treated with cataract extraction alone. This clouding of the visual axis, if not treated, may result in permanent vision loss.

To insure the best possible visual outcome, a child undergoing cataract surgery requires additional intraocular surgery. A vitrectomy procedure (CPT® 67010, 67036) which involves microsurgical excision of the posterior lens capsule, the anterior hyaloid membrane, and the anterior vitreous is most often the treatment of choice. This additional procedure is planned prior to the cataract surgery. This planned vitrectomy at the time of cataract surgery may also be used for some older children (e.g., with developmental delay), who cannot cooperate for office-based laser procedures (CPT® 66821) to treat a secondary cataract.

Vitrectomy requires additional physician work and time, specialized equipment, and adds an increased risk of complications. Planned vitrectomy (CPT® 67010 and 67036) when performed in conjunction with pediatric cataract surgery (CPT® 66840, 66850, 66940, 66982, or 66984) is a medically necessary procedure, and should be reimbursed as a unique procedure, subject to any applicable multiple surgery rules.

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